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|---|------------------------|--|--|---|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) | | Docket Number (Optional) 01017/35434B | | |
| Application Number | 10/622,407-Conf. #2359 | Filed July 17, 2003 | | |
| For ISOLATION, IDENTIFICATION AND CHARACTERIZATION OF TMST2, A NOVEL MEMBER OF THE TNF-RECEPTOR SUPERGENE FAMILY | | | | |
| Art Unit | 1646 | Examiner Eileen B. O'Hara | | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | | |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | | Fee \$120 \$450 \$1020 \$1590 \$2160 | Small Entity Fee \$60 \$225 \$510 \$795 \$1080 | \$ _____ \$ _____ \$ 1,020.00 \$ _____ \$ _____ |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>13-2855</u> I have enclosed a duplicate copy of this sheet. | | | | |
| I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input type="checkbox"/> attorney or agent of record. Registration Number _____ <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 <u>56,301</u> | | | | |
| <u>Jeanne M. Brashear</u> Signature _____ <u>Jeanne M. Brashear</u> Typed or printed name _____ | | | | |
| December 20, 2006 Date _____ (312) 474-6300 Telephone Number _____ | | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | | |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted. | | | | |

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted by facsimile to the Patent and Trademark Office, facsimile no. (571) 273-8300, on the date shown below.

Dated: December 20, 2006

Signature Jeanne M. Brashear
(Jeanne M. Brashear)